

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, April 18, 2014 at the hour of 8:45 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Butler called the meeting to order.

Present: Chairman Hon. Jerry Butler and Directors Ada Mary Gugenheim; M. Hill Hammock; and Dorene P. Wiese, EdD (4)

Board Chairman David Carvalho (ex-officio) and Steven Scheer (non-Director Member)

Absent: Director Jorge Ramirez (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

John Cookinham – System Chief Financial Officer

Aaron Galeener – System Director of Budget

Steven Glass – Executive Director of Managed Care

Keiki Hinami, MD – John H. Stroger, Jr. Hospital of Cook County

Randolph Johnston – System Associate General Counsel

Terry Mason, MD – Cook County Department of Public Health

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Interim Chief Executive Officer and Chief Clinical Officer

Linda Diamond Shapiro – Chief Strategy Officer

Michael Vernon, DPH – Cook County Department of Public Health

Joy Wykowski – Director of Intergovernmental Affairs

## **II. Public Speakers**

Chairman Butler asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen
2. Victoria Spires and  
Dr. Kimberly Thomas Representatives, Deer Rehabilitation Services

## **III. Action Items**

### **A. Minutes of the Finance Committee Meeting, March 21, 2014**

Director Gugenheim, seconded by Director Hammock, moved to accept the minutes of the Finance Committee Meeting of March 21, 2014. THE MOTION CARRIED UNANIMOUSLY.

### **III. Action Items (continued)**

#### **B. Request to concur with the execution of a Master Intergovernmental Agreement between the City of Chicago / Chicago Department of Public Health and the County of Cook / Cook County Health and Hospitals System (Attachment #1)**

Joy Wykowski, Director of Intergovernmental Affairs, and Dr. Keiki Hinami, Senior Attending Physician, Department of Medicine, provided an overview of the request presented for the Committee's consideration. The Committee reviewed and discussed the information.

During the discussion of the item, Board Chairman Carvalho inquired as to the reason why a separate system needed to be created for the purpose of immunization registration; he inquired why the Chicago Department of Public Health would not use the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) for this purpose. Dr. Michael Vernon, Director of the Communicable Disease Unit at the Cook County Department of Public Health, responded that this particular system is used for mass immunization campaigns.

Director Wiese, seconded by Director Gugenheim, moved the approval of the request to concur with the execution of the Master Intergovernmental Agreement. THE MOTION CARRIED UNANIMOUSLY.

#### **C. Contracts and Procurement Items (Attachment #2)**

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the requests presented for the Committee's consideration. The Committee reviewed and discussed the requests.

Director Wiese, seconded by Director Gugenheim, moved the approval of request number 1. THE MOTION CARRIED UNANIMOUSLY.

Director Wiese, seconded by Director Gugenheim, moved the approval of request number 2. THE MOTION CARRIED UNANIMOUSLY.

During the discussion of request number 3, Board Chairman Carvalho provided information on the Access to Care Program. Access to Care has a per-member cost, and therefore, from their perspective, the System's funding pays for a certain number of people. They have a network of volunteer physicians who agree to see people when they are enrolled in this program; there is a nominal fee charged to the patient each year. Normally, if a doctor wants to provide services to a person who is uninsured, just out of the goodness of their heart, they face the dilemma of needing to write a prescription or order a lab test for this person who cannot afford to pay for it. This program was created so there was a way to pay for all of those things – it has a formulary, it provides support for prescriptions and various tests, and if those primary care doctors treat a patient enrolled in the program who needs specialty care, they have a referral system into this System for specialty care. The program only provides services to persons who are ineligible for any other programs.

Director Gugenheim, seconded by Director Wiese, moved the approval of request number 3. THE MOTION CARRIED UNANIMOUSLY.

Director Wiese, seconded by Director Gugenheim, moved the approval of request number 4. THE MOTION CARRIED UNANIMOUSLY.

During the discussion of request number 5, a question was raised regarding whether the Group Purchasing Organization (GPO) was utilized. Ms. Besenhofer responded that the GPO had multiple vendors available. When it is determined that there is more than one vendor available under the GPO, she will put it through a competitive methodology and utilize a Request for Proposals (RFP) process; the proposers under this RFP were vendors under the GPO.

### **III. Action Items (continued)**

#### **C. Contracts and Procurement Items (continued)**

Director Gugenheim, seconded by Director Hammock, moved the approval of request number 5. THE MOTION CARRIED UNANIMOUSLY.

Linda Diamond Shapiro, Chief Strategy Officer, provided additional information on request number 6. Board Chairman Carvalho inquired as to the identity of the project manager from Res Publica who will be assigned to this project. Ms. Shapiro responded that she will forward the organizational chart for the project to Board Chairman Carvalho for his information<sup>1</sup>.

During the Committee's discussion of the request, it was requested that Ms. Shapiro provide information to the Board at a future meeting regarding the key performance indicators and performance metrics relating to the contract<sup>2</sup>.

Director Hammock, seconded by Director Gugenheim, moved the approval of request number 6. THE MOTION CARRIED UNANIMOUSLY.

Director Wiese, seconded by Director Hammock, moved the approval of request number 7. THE MOTION CARRIED UNANIMOUSLY.

Director Wiese, seconded by Director Hammock, moved the approval of request number 8. THE MOTION CARRIED UNANIMOUSLY.

#### **D. Proposed Transfer of Funds (Attachment #3)**

Aaron Galeener, System Director of Budget, provided an overview of the proposed transfer of funds presented for the Committee's consideration. The Committee reviewed and discussed the request.

Director Gugenheim, seconded by Director Hammock, moved the approval of the proposed transfer of funds. THE MOTION CARRIED UNANIMOUSLY.

#### **E. Proposed Resolution authorizing the closure of the following three (3) Oak Forest Health Center bank accounts held at Suburban Bank and Trust, in order to consolidate checking /savings accounts (Attachment #4):**

- i. **Woody Winston**
- ii. **Lincoln Memorial**
- iii. **General Fund**

John Cookinham, Chief Financial Officer, provided an overview of the proposed Resolution presented for the Committee's consideration. The Committee reviewed and discussed the request.

Director Gugenheim, seconded by Director Hammock, moved the approval of the proposed Resolution. THE MOTION CARRIED UNANIMOUSLY.

#### **F. Any items listed under Sections III and IV**

**IV. Recommendations, Discussion/Information Items****A. Update on Section 1115 Medicaid Waiver Demonstration Project/CountyCare**

Steven Glass, Executive Director of Managed Care, provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare. He stated that CountyCare continues to operate under a temporary extension of its 1115 Waiver, achieving significant accomplishments in enrollment and membership again this month.

So far, in April, an additional 3,800 CountyCare applications have been initiated. This brings the total number of applications initiated to just under 154,000 since the CountyCare program began. 4,500 applications have been submitted to the State's Department of Human Services (DHS) so far this month for processing, increasing the total number of applications submitted to 125,000. April has also brought 5,000 new approvals for CountyCare coverage, which brings the total number of approved applications to 94,643.

Mr. Glass stated that records indicate that a backlog of about 18,000 applications are pending with DHS at this time. The administration is working in partnership with DHS to assess and reduce this number as much as possible by June 30th, which is the formal end of the Waiver demonstration period.

All other trends in the program continue as they have in prior months, in terms of where applications originate and where members are assigned.

Mr. Glass stated that on March 31st, which was the last day of enrollment for the on-line health insurance marketplace, the CountyCare call center initiated over 1,000 applications – more than double the number processed on a typical business day. This influx of applications is due to a misconception that Medicaid enrollment ended with the March 31<sup>st</sup> deadline for Marketplace sign-up. Medicaid enrollment, CountyCare enrollment, never ends. Someone who is Medicaid eligible can always sign up for coverage, and the CountyCare call center is always available to help walk people through this process. Staff is working aggressively to communicate this message – that Medicaid enrollment never ends – through outreach and community partners.

Director Hammock requested that information be provided on the demographics of the 90,000 enrollees; he also inquired whether a more comprehensive report that includes a map reflecting the applications can be provided<sup>3</sup>. Mr. Glass responded in the affirmative.

With regard to the ongoing negotiations with IlliniCare, for the third party administrator contract, Mr. Glass stated that the negotiations are going very well. A couple of marathon meetings were held this week, and the parties have hammered through all of the details of the agreement. It is the administration's hope and desire to have an executed agreement by the end of the month.

Director Wiese, seconded by Director Gugenheim, moved to receive and file the update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare.  
THE MOTION CARRIED UNANIMOUSLY.

**V. Report from System Director of Supply Chain Management****A. Report of Emergency Purchases (Attachment #5)**

Ms. Besenhofer presented the Report of Emergency Purchases; this report contained information on one emergency purchase that has been made. The Committee reviewed and discussed the information.

Director Wiese, seconded by Director Gugenheim, moved to approve the Report of Emergency Purchases. THE MOTION CARRIED UNANIMOUSLY.

**VI. Report from Chief Financial Officer**

**A. Financial Reports – through December 2013** (Attachment #6)

Mr. Cookinham provided an overview of the information contained in the Financial Reports through December 2013. The Committee reviewed and discussed the information.

During the review of the information contained on page 36 of the reports, regarding utilization factors, Director Hammock indicated that it would be helpful if the trends were graphed.<sup>4</sup>

Director Wiese, seconded by Director Gugenheim, moved to receive and file the Financial Reports through December 2013. THE MOTION CARRIED UNANIMOUSLY.

**VII. Adjourn**

Director Wiese, seconded by Director Gugenheim, moved to adjourn the meeting. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,  
Finance Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX  
Hon. Jerry Butler, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

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<sup>1</sup> Follow-up: Ms. Shapiro will forward the organizational chart for the project under the Res Publica contract to Board Chairman Carvalho for his information. Page 3.

<sup>2</sup> Follow-up: for future Board meeting, request for information to be presented to the Board regarding the key performance indicators and performance metrics relating to the Res Publica contract. Page 3.

<sup>3</sup> Follow-up: information be provided on the demographics of the 90,000 CountyCare enrollees; request also made for a more comprehensive report that includes a map reflecting the applications. Page 4.

<sup>4</sup> Follow-up: financial reports - regarding utilization factors, request that the trends be graphed. Page 5.

Cook County Health and Hospitals System  
Finance Committee Meeting Minutes  
April 18, 2014

ATTACHMENT #1

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

**Toni Preckwinkle • President**  
Cook County Board of Commissioners  
  
**John Jay Shannon, MD**  
Interim Chief Executive Officer  
Chief of Clinical Integration  
Cook County Health & Hospitals System



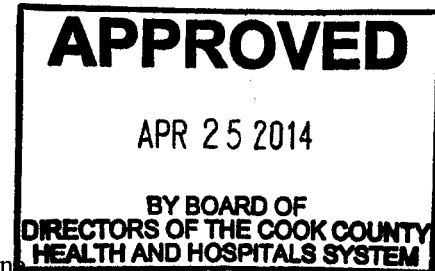
## Health & Hospitals System Board Members

**David Carvalho • Chairman**  
**Jorge Ramirez • Vice Chairman**  
Commissioner Jerry Butler  
Lewis M. Collens  
Ada Mary Gugenheim  
M. Hill Hammock  
Wayne M. Lerner, DPH, FACHE  
Rev. Calvin S. Morris, PhD  
Luis Muñoz, MD, MPH  
Carmen Velasquez  
Dorene P. Wiese, EdD

## Briefing Memorandum

**To:** Hon. Jerry Butler, Chair  
Members  
Finance Committee  
Cook County Health and Hospitals System

**From:** Joy Carol Wykowski  
Director, Intergovernmental Affairs  
Dr. William Trick  
Director, Collaborative Research Unit, Department of Medicine  
Cook County Health and Hospitals System



**Subject:** **Item III(B) - 04/18/14 Finance Committee Meeting Agenda**  
Request to concur with the execution of a Master Intergovernmental Agreement between the City of Chicago / Chicago Department of Public Health and the County of Cook / Cook County Health and Hospitals System

**Date:** April 9, 2014

### Background

In 2011, CCHHS implemented a mass immunization registration system at the request of the Chicago Department of Public Health's (CDPH) primary use in response to the 2009 H1N1 Influenza Pandemic. The system was developed by CCHHS's Department of Medicine Information Technology Team by creating a patient and immunization registration system that was linked to CCHHS's existing interface with the Illinois Department of Public Health's immunization registry. The current system captures patient demographic information and adolescent (i.e. Tdap, MCV and HPV) and influenza immunization information. The web-based system allows CDPH and CCHHS to simultaneously enter patient and immunization data, and/or monitor immunization activity, at multiple browser-equipped sites using applicable security and encryption for access to protected health information.

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs provide financial incentives for the "meaningful use" of certified EHR technology to improve patient care. The development of this system helps CCHHS meet Meaningful Use requirements regarding a public health objective by having the capability to submit electronic data to immunization registries/systems.

**Request**

Respectfully requesting concurrence with the execution of a Master Intergovernmental Agreement (IGA) between the City of Chicago / Chicago Department of Public Health (CDPH) and the County of Cook / Cook County Health and Hospitals System (CCHHS), regarding the Immunization Registration Software System Program, for a period beginning January 1, 2013 through December 31, 2014. The Master IGA provides for the automatic renewal of the Agreement for successive one (1) year terms, unless terminated by either party for any reason upon not less than 90 days' written notice.

Under this Master IGA, CCHHS is responsible for hosting the system on a secure central server, creating/maintaining real time reports for CDPH, creating and maintaining data export functions, transmitting immunization data to the Illinois Department of Public Health's immunization registry through HIPAA-compliant secure messaging protocols and, addressing deficiencies in the system identified by CDPH.

Although the jurisdiction of the Chicago Department of Public Health extends only to the borders of the City of Chicago, the Cook County Department of Public Health (CCDPH) would also have access to this data in the case of a pandemic.

**Additional Information**

Also being presented for approval at the 04/18/14 Finance Committee Meeting, under the Contracts and Procurement Items, is a request related to this Master IGA; that request is to accept a grant award in the amount of \$204,923 from the City of Chicago/Chicago Department of Public Health, for the Immunization Registration Software System Enhancement and Maintenance Program, for a period beginning January 1, 2013 through September 29, 2014. Future grants from CDPH for this program would be subject to the Master Agreement.



Cook County Health and Hospitals System  
Finance Committee Meeting Minutes  
April 18, 2014

ATTACHMENT #2

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM III(C)

APRIL 18, 2014 FINANCE COMMITTEE MEETING

CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal impact not to exceed:	Affiliate / System	Begins on Page #
<b>Accept Grant Award</b>					
1	City of Chicago / Chicago Department of Public Health	Service - Immunization Registration Software System Enhancement and Maintenance Program	Grant award amount: \$204,923.00	System	2
<b>Accept Grant Renewal</b>					
2	Public Health Institute of Metropolitan Chicago (PHIMC)	Service - HIV/AIDS prevention	Grant renewal amount: \$122,000.00	CCDPH	3
<b>Extend and Increase Contracts</b>					
3	Suburban Primary Health Care Council	Service - funding for Access to Care program	\$3,000,000.00	System	4
4	Abbott Molecular	Product and Service - molecular testing (HIV and HCV bDNA testing)	\$680,213.00	SHCC	5
<b>Execute Contracts</b>					
5	Crothall Laundry Services	Service - Laundry and Linen Service Program	\$4,887,749.45	System	6
6	Res Publica Group	Service - marketing and branding consulting services	\$2,445,985.00	System	7
7	Radiometer America Inc.	Product and Service - blood gases equipment, reagents and controls, accessories for blood gases testing	\$939,120.00	PHCC, SHCC	8
8	AGFA Healthcare Corporation	Product - Talkstation hardware and software	\$778,206.24	SHCC	9

# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> William Trick – Director of Collaborative Research Unit, Department of Medicine		<b>EXECUTIVE SPONSOR:</b> Peter Daniels, Chief Operating Officer, Hospital Based Services <i>WSD</i>	
<b>DATE:</b> 03/14/2014		<b>PRODUCT / SERVICE:</b> Service – Immunization Registration Software System Enhancement and Maintenance Program	
<b>TYPE OF REQUEST:</b> Accept Grant Award		<b>VENDOR / SUPPLIER:</b> City of Chicago / Chicago Department of Public Health (CDPH), Chicago, IL	
<b>ACCOUNT:</b> FISCAL IMPACT NOT TO EXCEED: /		<b>GRANT FUNDED /RENEWAL AMOUNT:</b> \$204,923.00	
<b>CONTRACT PERIOD:</b> 01/01/2013 thru 09/29/2014		<b>CONTRACT NUMBER:</b>	
<b>COMPETITIVE SELECTION METHODOLOGY:</b> N/A			
<b>NON-COMPETITIVE SELECTION METHODOLOGY:</b> N/A			

### PRIOR HISTORY:

In 2011, Cook County Health and Hospitals System (CCHHS) implemented a mass immunization registration system for Chicago Department of Public Health (CDPH)'s primary use. The system was developed by CCHHS's Department of Medicine Information Technology Team by creating a patient and immunization registration system that was linked to CCHHS's existing interface with the Illinois Department of Public Health's immunization registry. The web-based system allows CDPH and CCHHS to simultaneously enter patient and immunization data, and/or monitor immunization activity, at multiple browser-equipped sites using applicable security and encryption for access to protected health information. The development of this system meets Meaningful Use criteria.

### NEW PROPOSAL JUSTIFICATION:

This grant award is presented pursuant to the proposed Master Intergovernmental Agreement (IGA) between the City of Chicago / CDPH and the County of Cook / CCHHS; the proposed Master IGA is being presented for consideration under Agenda Item #\_\_\_ of the 4/18/14 Finance Committee Meeting Agenda.

Acceptance of the grant award under the proposed Master IGA will allow for the continued collaboration in the capture of patient and immunization information in the City of Chicago and suburban Cook County and will improve the tracking of large scale immunization events triggered by public health emergencies, as well as enable real-time situational awareness of immunization activity.

### TERMS OF REQUEST:

This is a request to accept a grant award in the amount of \$204,923.00 for the period from 1/01/2013 thru 09/29/2014, under the proposed Master IGA between the City of Chicago / CDPH and the County of Cook / CCHHS. CCHHS will be paid for these services on a reimbursement basis.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE N/A

CCHHS CBO: *Anthony Rajkumar*  
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *John Cookinham*  
John Cookinham, Chief Financial Officer

CCHHS CEO: *John Jay Shannon*  
John Jay Shannon, MD, Interim Chief Executive Officer/ Chief of Clinical Integration



Request #  
1

# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> N/A		<b>EXECUTIVE SPONSOR:</b> Terry Mason, M.D., Chief Operating Officer, Cook County Department of Public Health	
<b>DATE:</b> 03/19/2014		<b>PRODUCT / SERVICE:</b> Service – HIV/AIDS Prevention	
<b>TYPE OF REQUEST:</b> Grant Contract Renewal		<b>VENDOR / SUPPLIER:</b> Public Health Institute of Metropolitan Chicago (PHIMC), Chicago, IL	
<b>ACCOUNT:</b> *		<b>FISCAL IMPACT:</b>	
		<b>GRANT FUNDED / RENEWAL AMOUNT:</b> \$122,000.00	
<b>CONTRACT PERIOD:</b> 01/01/2014 thru 12/31/2014		<b>CONTRACT NUMBER:</b> 03112014	
<b>COMPETITIVE SELECTION METHODOLOGY:</b> [BID / RFP / GPO / OMP] N/A			
<b>NON-COMPETITIVE SELECTION METHODOLOGY:</b> [SOLE SOURCE] N/A			

**PRIOR CONTRACT HISTORY:**

The previous grant contract amendment with the Public Health Institute of Metropolitan Chicago (PHIMC) was for six (6) months in the amount of \$84,600.00, and was approved by the Cook County Health and Hospitals System Board on November 22, 2013.

**NEW PROPOSAL JUSTIFICATION:**

This program supports mandated communicable disease services for HIV/AIDS to include Risk Reduction, Counseling & Testing, Linkage to Care, and Partner Services. These services will be delivered to target populations in accordance with program descriptions and requirements.

\*The deferred liability for this agreement is \$87,574.00

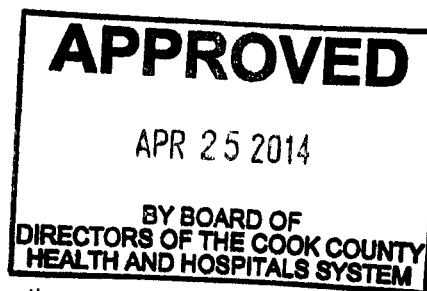
**TERMS OF REQUEST:**

This is a request to renew Grant Contract Number 03112014 with the Public Health Institute of Metropolitan Chicago for HIV/AIDS Prevention Services Grant in an amount not to exceed \$122,000.00, for a period of twelve (12) months from 01/01/2014 thru 12/31/2014.

CCHHS CBO:   
Anthony Rajkumar, Chief Business Officer

CCHHS CFO:   
John Cookinham, Chief Financial Officer

CCHHS CEO:   
John Jay Shannon, MD., Interim Chief Executive Officer / Chief of Clinical integration



Request #  
2

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• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Steven Kulhanek, System Manager Revenue Cycle		<b>EXECUTIVE SPONSOR:</b> John Cookinham, Chief Financial Officer	
<b>DATE:</b> 04/03/2014		<b>PRODUCT / SERVICE:</b> Service - Funding for Access to Care Program	
<b>TYPE OF REQUEST:</b> Extend and Increase Contract		<b>VENDOR / SUPPLIER:</b> Suburban Primary Health Care Council, Westchester, Illinois	
<b>ACCOUNT:</b> 890-260		<b>FISCAL IMPACT NOT TO EXCEED:</b> \$3,000,000.00	<b>GRANT FUNDED / RENEWAL AMOUNT:</b> N/A
<b>CONTRACT PERIOD:</b> 12/01/2013 through 11/30/2014		<b>CONTRACT NUMBER:</b> H09-0003	
<b>COMPETITIVE SELECTION METHODOLOGY:</b>			
X <b>NON-COMPETITIVE SELECTION METHODOLOGY:</b> Sole Source			

### PRIOR CONTRACT HISTORY:

Access to Care is a non-profit primary health care program for low-income, uninsured individuals living in suburban Cook County, Illinois and northwest Chicago. The Access to Care program is administered by the Suburban Primary Health Care Council. The program is a unique public/private partnership making primary health care and the ancillary pharmacy, laboratory and radiology services available to low-income individuals. Access to Care provides affordable diagnosis and treatment for illness to individuals and families for a small co-payment per doctor visit, procedure or prescription medication. Public funding and private providers form the public/private partnership. Access to Care contracts with local providers throughout Cook County and pays them a discounted rate to provide services. The Suburban Primary Health Care Council has been providing services for the Access to Care Program since the inception of the program in 1988. The Cook County Board has provided funding to Access to Care since the early 1990s and then subsequently the CCHHS Board has provided funding since 2009. These funds are allocated each year through the budget process.

### NEW PROPOSAL JUSTIFICATION:

The funding of this contract will assist the Suburban Primary Health Council through the Access To Care Program to provide health care services to approximately 5726 low-income, uninsured residents of suburban Cook County for 2014.

### TERMS OF REQUEST:

This is a request to increase contract number H09-0003 in an amount not to exceed \$3,000,000.00, for a period of twelve (12) months from 12/01/2013 through 11/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS CBO: \_\_\_\_\_

Anthony Rajkumar, Chief Business Officer

CCHHS CEO: \_\_\_\_\_

John Jay Shannon, MD, Interim Chief Executive Officer / Chief of Clinical Integration

# APPROVED

APR 25 2014

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

Request #

3

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Rothstein CORE Center •

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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Joanne Marcichow-Dulski, Laboratory Director, CCHHS		<b>EXECUTIVE SPONSOR:</b> Peter Daniels, Chief Operating Officer, Hospital Based Services	
<b>DATE:</b> 02/04/2014		<b>PRODUCT / SERVICE:</b> Products and Service: Molecular Testing (HIV and HCV bDNA Testing)	
<b>TYPE OF REQUEST:</b> Extend and Increase Contract		<b>VENDOR / SUPPLIER:</b> Abbott Molecular, Des Plaines, IL	
<b>ACCOUNT</b> 897-365	<b>FISCAL IMPACT NOT TO EXCEED</b> \$680,213.00	<b>GRANT FUNDED /RENEWAL AMOUNT:</b> N/A	
<b>CONTRACT PERIOD:</b> 05/01/2011 thru 07/31/2014		<b>CONTRACT NUMBER:</b> H11-25-017	
<b>COMPETITIVE SELECTION METHODOLOGY:</b>			
<input checked="" type="checkbox"/> <b>NON-COMPETITIVE SELECTION METHODOLOGY:</b> Sole Source			

### PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System Board approved a contract H11-25-017 in the amount of \$2,032,087.66 on 03/31/2011 for 36 months from 05/01/2011 thru 04/30/2014. The contract provides the department of pathology at Stroger Hospital the instruments, instrument maintenance, reagents, controls, and calibrators to perform HIV and HCV bDNA testing.

### NEW PROPOSAL JUSTIFICATION:

The request is to extend and increase funding for the rest of the term and a 3-month extension ending 07/31/2014. The funding is needed to cover the cost of HIV and HCV bDNA tests up to contract term and a 3-month increase. The extension allows the laboratory to complete a new contract to ensure continuance of service to patients in this area.

There has been an uptake in test volumes (HCV) by 32%, increased calibration and environmental contamination monitoring—a regulatory requirement—, increase instrument calibration from bi-annual to monthly, and wastage of reagents brought about batching of testing to decrease turnaround time.

### TERMS OF REQUEST:

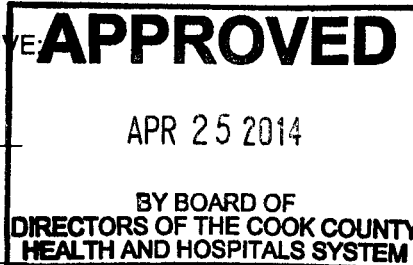
This is a request to extend and increase contract number H11-25-017 in an amount not to exceed \$680,213.00 as needed, for three (3) months through 07/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS CBO: Anthony Rajkumar  
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham  
John Cookinham, Chief Financial Officer

CCHHS CEO: John Jay Shannon  
John Jay Shannon, MD., Interim Chief Executive Officer / Chief of Clinical Integration



**Request #**  
**4**

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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Regina M. Besenhofer, Director of Supply Chain Management		<b>EXECUTIVE SPONSOR:</b> Anthony Rajkumar, Chief Business Officer	
<b>DATE:</b> 03/06/2014	<b>PRODUCT / SERVICE:</b> Service - Laundry and Linen Service Program		
<b>TYPE OF REQUEST:</b> Execute Contract	<b>VENDOR / SUPPLIER:</b> Crothall Laundry Services, Wheeling, IL		
<b>ACCOUNT:</b> 897-222	<b>FISCAL IMPACT NOT TO EXCEED:</b> \$4,887,749.45	<b>GRANT FUNDED AMOUNT:</b> N/A	
<b>CONTRACT PERIOD:</b> 06/01/2014 thru 5/31/2017		<b>CONTRACT NUMBER:</b> H14-25-022	
<input checked="" type="checkbox"/>	<b>COMPETITIVE SELECTION METHODOLOGY:</b> GPO/RFP		
<input type="checkbox"/>	<b>NON-COMPETITIVE SELECTION METHODOLOGY:</b> N/A		

### PRIOR CONTRACT HISTORY:

There is no prior contract history with this vendor.

### NEW PROPOSAL JUSTIFICATION:

This contract will allow Crothall Laundry Services to provide Laundry and Linen Service to Cook County Health and Hospitals System (CCHHS) facilities. This contract is inclusive of Linen Management Services. Exchange carts will be pre-built and delivered to their locations with 98% guaranteed fill rate. Dashboard reports and monthly scorecards with KPI's will be provided. Staff education will be conducted and a linen committee will be established to address things like, bed change policy, bed make-up policy, linen utilization and practices in linen distribution. This recommendation is predicated on the issuance of an RFP even though our GPO has multiple vendors on contract. There were 2 proposers and Crothall was selected based upon meeting all requirements, team qualifications and the quality of their linen management solution.

### TERMS OF REQUEST:

This is a request to execute contract number H14-25-022 in an amount not to exceed \$4,887,749.45, as needed, for a period of thirty-six (36) months from 06/01/2014 through 05/31/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CFO:

John Cookinham, Chief Financial Officer

CCHHS CEO:

John Jay Shannon, MD., Interim Chief Executive Officer / Chief of Clinical Integration

**APPROVED**

APR 25 2014

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

Request #

5

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •  
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.  
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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Darrell W Hill, Director of Marketing <i>DWH</i>		<b>EXECUTIVE SPONSOR:</b> Linda D. Shapiro, Chief Strategy Officer <i>IDS</i>	
<b>DATE:</b> 03/07/2014		<b>PRODUCT / SERVICE:</b> Service – Marketing and Branding consulting services	
<b>TYPE OF REQUEST:</b> Execute contract		<b>VENDOR / SUPPLIER:</b> Res Publica Group, Chicago, Illinois	
<b>ACCOUNT:</b> 890,896-260		<b>FISCAL IMPACT NOT TO EXCEED:</b> \$2,445,985.00	<b>GRANT FUNDED /RENEWAL AMOUNT:</b> N/A
<b>CONTRACT PERIOD:</b> 05/01/2014 through 04/30/2015		<b>CONTRACT NUMBER:</b> H14-25-021	
<input checked="" type="checkbox"/>	<b>COMPETITIVE SELECTION METHODOLOGY:</b> RFP		
<input type="checkbox"/>	<b>NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]</b>		

**PRIOR CONTRACT HISTORY:**  
No prior contract

**NEW PROPOSAL JUSTIFICATION:**  
The Cook County Health & Hospital Systems has selected this marketing and branding contractor to provide a broad spectrum of high-quality, dependable, consistent, and timely marketing services, including marketing planning, brand awareness, advertising, positioning, and promotion services for CountyCare and for the hospital system. The contractor will help develop clear and meaningful brand awareness in the current competitive marketplace that will allow CountyCare and CCHHS to:

- 1) acquire new patients,
- 2) retain existing patients,
- 3) build awareness for CountyCare and for other system initiatives,
- 4) lower the cost of acquiring new patients, and
- 5) create loyalty to CountyCare and to CCHHS

The funds for the contract will be allocated as follows:

- 1) External advertising and messaging related to CountyCare
- 2) External advertising and messaging related to the health & hospital system
- 3) Internally-focused materials that reinforce clinical and hospital-related communications
- 4) Patient & employee marketing campaign research

The scope of work does not include consideration for any naming rights or asset management.

**TERMS OF REQUEST:**  
This is a request to execute contract number H14-25-021 in an amount not to exceed \$2,445,985.00, as needed, for a period of twelve (12) months from 05/01/2014 thru 04/30/2015.

**CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:** Yes

CCHHS CBO: *Anthony Rajkumar*  
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *John Cookinham*  
John Cookinham, Chief Financial Officer

CCHHS CEO: *John Jay Shannon*  
John Jay Shannon, MD, Interim Chief Executive Officer / Chief of Clinical Integration

APPROVED

APR 25 2014

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

**Request #**  
**6**

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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Joanne Marcichow-Dulski, Laboratory Director, CCHHS		<b>EXECUTIVE SPONSOR:</b> Peter Daniels, Chief Operating Officer, Hospital Based Services	
<b>DATE:</b> 03/03/2014	<b>PRODUCT / SERVICE:</b> Product/Service: Blood Gases Equipment, Reagents and Controls Accessories for Blood Gases Testing		
<b>TYPE OF REQUEST:</b> Execute Contract	<b>VENDOR / SUPPLIER:</b> Radiometer America Inc, Westlake, OH		
<b>ACCOUNT:</b> 897-365: Stroger Hospital 891-365: Provident Hospital <div style="text-align: right;">Total:</div>		<b>FISCAL IMPACT NOT TO EXCEED:</b> <div style="text-align: right;">\$917,280.00 \$21,840.00 \$939,120.00</div>	
<b>GRANT FUNDED /RENEWAL AMOUNT:</b> N/A		<b>CONTRACT PERIOD:</b> 06/01/2014 thru 05/31/2017	
<b>CONTRACT NUMBER:</b> H14-25-019		<b>COMPETITIVE SELECTION METHODOLOGY:</b>	
<input checked="" type="checkbox"/> <b>NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]</b> Sole Source			

**PRIOR CONTRACT HISTORY:**

The Cook County Health and Hospital System (CCHHS) Board approved contract H10-25-114 in the amount of \$762,817.50 for 36 months from 02/01/1201 thru 01/31/2014. The contract provided ABL Blood Gas equipment, reagents, controls, and accessories to perform blood gas tests at the respective chemistry laboratories at Stroger, Provident, and Oak Forest Hospitals. A 4-month extension from 02/01/2014 thru 05/31/2014 was implemented on 02/01/2014 with no fiscal impact to Stroger Hospital Laboratory and an increase of \$9,150.00 for Provident Hospital.

**NEW PROPOSAL JUSTIFICATION:**

This request is to execute a new contract to provide ABL Blood Gas equipment, reagents, controls, and accessories to perform blood gas tests at the chemistry laboratories at Stroger and Provident Hospitals. Radiometer America Inc. is the sole manufacturer and supplier of this system.

**TERMS OF REQUEST:**

This is a request to execute contract number H14-25-019 in an amount not to exceed \$939,120.00, as needed, for a period of thirty-six (36) months from 06/01/2014 thru 05/31/2017.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS CBO:

Anthony Rajkumar, Chief Business Officer

CCHHS CFO:

John Cookinham, Chief Financial Officer

CCHHS CEO:

John Jay Shannon, MD., Interim Chief Executive Officer / Chief of Clinical Integration

APPROVED

APR 25 2014

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

Request #

7

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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Mark Pisaneschi, M.D. Chairman, Department of Radiology		<b>EXECUTIVE SPONSOR:</b> Peter Daniels, Chief Operating Officer, Hospital Based Services <i>W. Daniels</i>	
<b>DATE:</b> 02/28/2014		<b>PRODUCT / SERVICE:</b> Product - Talkstation Hardware and Software	
<b>TYPE OF REQUEST:</b> Execute Contract		<b>VENDOR / SUPPLIER:</b> AGFA Healthcare Corporation, Greenville, SC	
<b>ACCOUNT:</b> 897-442 Stroger Hospital		<b>GRANT FUNDED /RENEWAL AMOUNT:</b> N/A	
<b>FISCAL IMPACT NOT TO EXCEED:</b> \$778,206.24			
<b>CONTRACT PERIOD:</b> 05/01/2014 thru 04/30/2017		<b>CONTRACT NUMBER:</b> H14-25-028	
<input checked="" type="checkbox"/>	<b>COMPETITIVE SELECTION METHODOLOGY:</b> GPO		
<input type="checkbox"/>	<b>NON-COMPETITIVE SELECTION METHODOLOGY:</b>		

### PRIOR CONTRACT HISTORY:

The original acquisition of this product was in 2008. The warranty expired in 2011 and the Cook County Health and Hospitals System (CCHHS) Board on 10/27/2011 approved contract number H10-25-176 in the amount of \$285,480.00 for the systems maintenance agreement for voice recognition software upgrades and repairs.

### NEW PROPOSAL JUSTIFICATION:

The Department of Radiology is requesting approval to execute a new contract with AGFA Healthcare Corporation to provide required system upgrades, maintenance, and repairs to the talk station system to include trouble shooting integration with Picture Archiving and Communication System and Cerner. Voice recognition software integration of additional services to Stroger Hospital, is vital and it is critical that it is compatible to all CCHHS entities. Maintaining continuity with the current supplier for maintenance enhances the support delivery and provides greater uptime of the system.

### TERMS OF REQUEST:

This is a request to execute contract number H14-25-028 an amount not to exceed \$778,206.24, as needed, for a period of thirty-six (36) months from 05/01/2014 thru 04/30/2017.

### CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

CCHHS CBO: *Anthony Rajkumar*  
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *John Cookinham*  
John Cookinham, Chief Financial Officer

CCHHS CEO: *John Jay Shannon*  
John Jay Shannon, MD, Interim Chief Executive Officer / Chief of Clinical Integration

**APPROVED**

APR 25 2014

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

Request #

8

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• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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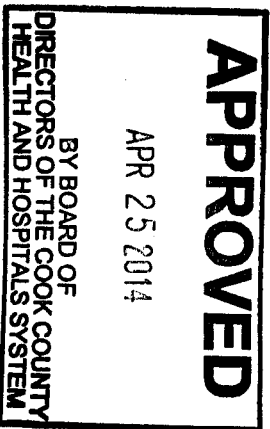
Cook County Health and Hospitals System  
Finance Committee Meeting Minutes  
April 18, 2014

ATTACHMENT #3

**Cook County Health and Hospitals System**  
**Transfer of Funds**  
**FY 2014**

**TOTAL TRANSFER FROM      \$ 1,100,000      TOTAL TRANSFER TO      \$ 1,100,000**

Department	Account	Transfer	Department	Account	Transfer	Reason
899 - Fixed Charges	8990101.580420	\$ 1,100,000	897 - Stroger	8972040.520490	450,000	Contract increase for Standard Register was approved in January due to higher than expected utilization. Standard Register provides print services to CCHHS.
			897 - Stroger	8970381.521030	450,000	Cyramon interpretive services technology has been made more widely available to patients which has increased utilization. This technology supplements the System translators, provides translation services in more than 100 languages, and eliminates wait times.
			897 - Stroger	8970153.520390	200,000	Contract increase was approved in February as scope was expanded to standard of care and to meet revised regulatory guidelines for environmental cleaning. (Cintas)



Cook County Health and Hospitals System  
Finance Committee Meeting Minutes  
April 18, 2014

ATTACHMENT #4

**R-14-02**

**RESOLUTION**

**WHEREAS**, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35 established the Cook County Health and Hospitals System (CCHHS or "System"); and

**WHEREAS**, the Ordinance established the Cook County Health and Hospitals System Board of Directors and delegated governance of the System to that Board; and

**WHEREAS**, the CCHHS operates the Oak Forest Health Center, formerly known as Oak Forest Hospital; and

**WHEREAS**, the Cook County Health and Hospitals System Board of Directors has legal authority to authorize its departments and officers to open, maintain and close checking and/or savings accounts at various banks; and

**WHEREAS**, in order to consolidate checking/savings accounts to streamline operations and maintain greater oversight, certain accounts stated herein should be closed;

**NOW THEREFORE BE IT RESOLVED THAT:**

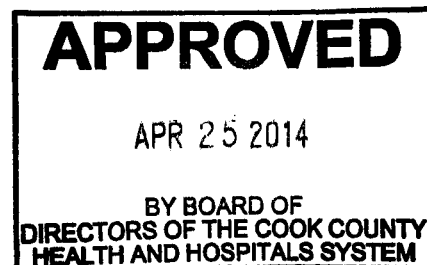
The Chief Financial Officer is hereby authorized to close the following checking/savings accounts:

Institution Name	Account Number	Account Name
Suburban Bank and Trust	701211	Woody Winston
Suburban Bank and Trust	701408	Lincoln Memorial
Suburban Bank and Trust	701394	General Fund

**BE IT FURTHER RESOLVED THAT**, any balances in such accounts at the time of closing shall be transferred by the Chief Financial Officer to other existing checking/savings accounts as he so determines; and

**BE IT FURTHER RESOLVED THAT**, the County Auditor be notified of the closing of the aforementioned accounts and that he be provided any records he so requests in order to audit the close out of such accounts as he sees fit, and to file such report(s) therein with the Cook County Health and Hospitals Systems Board.

Approved on April 25, 2014 by the Board of Directors of the Cook County Health and Hospitals System.



Cook County Health and Hospitals System  
Finance Committee Meeting Minutes  
April 18, 2014

ATTACHMENT #5

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President  
Cook County Board of Commissioners

John Jay Shannon, MD  
Interim Chief Executive Officer  
Chief of Clinical Integration  
Cook County Health & Hospitals System



## Health & Hospitals System Board Members

David Carvalho • Chairman  
Jorge Ramirez • Vice Chairman  
Commissioner Jerry Butler  
Lewis M. Collens  
Ada Mary Gugenheim  
M. Hill Hammock  
Wayne M. Lerner, DPH, FACHE  
Rev. Calvin S. Morris, PhD  
Luis Muñoz, MD, MPH  
Carmen Velasquez  
Dorene P. Wiese, EdD

March 28, 2014

To: David Carvalho  
Chairman, Board of Directors  
Cook County Health & Hospitals System

Commissioner Jerry Butler  
Chairman, Finance Committee  
Cook County Health & Hospitals System

From: Regina M. Besenhofer, Director Supply Chain Management  
Cook County Health and Hospitals System

Re: Emergency Purchase

CCHHS has placed an emergency order. This memo serves as notification, as required in Section 2.8 of the CCHHS Procurement Policy adopted by the Board on April 9, 2009.

This purchase was required for the Provident Parking garage as the vendor chose not to continue to do business with CCHHS. We have amended the current contract with Imperial (Impark) who currently provides the management of the Stroger garage to include Provident for a period of approximately three (3) months.

If you have any questions or concerns, please feel free to contact me at [gbesenhofer@cookcountyhhs.org](mailto:gbesenhofer@cookcountyhhs.org) or 312-864-4798.

Ref	Vendor	Dates of Service	Supply/Service	Amount
1	Imperial Parking d/b/a Impark	3/24/1014 thru 06/30/2014	Parking management services at Provident Hospital	\$135,911.00

c: John Jay Shannon, MD., Interim Chief Executive Officer  
Anthony Rajkumar, Chief Business Officer



Cook County Health and Hospitals System  
Finance Committee Meeting Minutes  
April 18, 2014

ATTACHMENT #6

# **Cook County Health and Hospitals System**

## **Financial Statements**

**Year To Date December 31, 2013**

As of March 14, 2014

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## **COOK COUNTY HEALTH & HOSPITALS SYSTEM**

### **MISSION STATEMENT**

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors  
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended December 31, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer \_\_\_\_\_

Dorothy M. Loving, Executive Director of Finance \_\_\_\_\_

## **MANAGEMENT’S DISCUSSION AND ANALYSIS**

### **INTRODUCTION**

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended December 31, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the Medicaid Expansion. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS’ financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County’s hospital system by jump-starting national health care reform in Cook County. In November, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An Medicaid Expansion allows the Cook County’s Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

## **FINANCIAL HIGHLIGHTS (IN THOUSANDS)**

The Cook County Health and Hospitals System finished the month with overall revenue of \$85,749 and overall expenses was \$93,690..

Net Patient revenue for the twelve months was \$74,360.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

Other revenue was \$9,102. Other revenue consists primarily of parking revenue.

### **Patient Accounts Receivable – BEPA System**

#### **Patient Accounts Receivable**

##### General

As compared to November 30, 2013, Total Patient Accounts Receivable at the end of December-2013 reduced by 4 to 101 days. Additionally, there was a 4 day decrease in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including 1115 waiver and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts declined by \$18.226M (-5.7%) as compared to the November-2013 balance. The decline in this figure indicates an increasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity

care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

### **Inpatient Accounts Receivable**

#### Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of December-2013 decreased by \$0.208M (-2.5%), as compared the November 30, 2013 balance. This decrease indicates that more inpatient accounts are moving to a “Billed” status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS’ claims on a per-diem and Medicare pays CCHHS’ claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

#### Billed Inpatient Accounts

Billed inpatient accounts at the end of December-2013 increased by \$0.575M (0.4%) as compared to the November 30, 2013 balance.

The increase in this number indicates fewer accounts had the collection process completed than in the previous month and that a lower number of accounts are being removed from active accounts receivable. CCHHS’ collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS’ claims on a per-diem and Medicare pays CCHHS’ claims based up on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

### **Outpatient Accounts Receivable**

#### Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$0.955M (-8.8%) by the end of December-2013, as compared to the level of unbilled accounts as of November 30, 2013. This change indicates that more outpatient accounts are moving to a “Billed” status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid’s and Medicare’s reimbursement configuration.

#### Billed Outpatient Accounts



The billed outpatient accounts receivable at the end of December-2013 fell by \$18.801M (-11.7%), as compared to the balance as of November 30, 2013.

The reduction in this figure, as compared to the prior month's balance, indicates a greater number of Out-Patient accounts had their collection and write-off related activities completed.

The reduction of internal bill-holds from 20 days to 6 days will tend to cause a growth in the billed accounts receivable.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

### Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for December-2013	Value of Accounts for Decembert-2013	Cumulative Number of Accounts Through December-2013	Cumulative Value of Accounts Through December-2013
In-Patient	423	\$ 5.589M	423	\$ 5.589M
Out-Patient	20,289	\$ 9.372M	20,289	\$ 9.372M
<b>Totals</b>	<b>20,712</b>	<b>\$ 14.961M</b>	<b>20,712</b>	<b>\$ 14.961M</b>

The above data does not include bad-debt write-offs; it includes only the amounts written-off directly to charity care.

Operating Expenses at the end of the month was \$93,.690M broken down as follows:

Salaries and Wages - \$39.541M  
 Benefits - \$11.022M  
 Supplies - \$7.374M  
 Purchased Services, Rental, and Other - \$30.748M  
 Insurance - 2.058M  
 Depreciation - \$2.815M  
 Utilities - \$0.132M

Nonoperating Revenue was \$10.569M. The largest portions of this are attributed to property tax in the amount of \$3.312M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

## **OVERVIEW OF THE FINANCIAL STATEMENTS**

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

**Accounts Receivable Comparison  
Cook County Health and Hospitals System  
Fiscal Year 2014**

**December-2013  
BEPA**

**Inpatient**

In-House	\$	10,796,900.99
Discharged Not Final Billed	\$	8,255,685.28
Billed	\$	159,968,730.29
<b>Total Inpatient Accounts Receivable</b>	<b>\$</b>	<b>179,021,316.56</b>

**Outpatient**

Unbilled	\$	9,889,776.46
Billed	\$	141,634,392.86
<b>Total Outpatient Accounts Receivable</b>	<b>\$</b>	<b>151,524,169.32</b>

**Combined Inpatient and Outpatient A/R**

Unbilled	\$	28,942,362.73
Billed	\$	301,603,123.15
<b>Total IP and OP Accounts Receivable</b>	<b>\$</b>	<b>330,545,485.88</b>
<b>Average Daily Revenue</b>	<b>\$</b>	<b>3,268,842.00</b>

**Days of Revenue Outstanding                      101**

**Cook County Health Facilities**  
**Combining Balance Sheet of General Funds (Unaudited)**  
(In Thousands)  
**December 31, 2013**

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
<b>ASSETS</b>												
<b>CURRENT ASSETS:</b>												
Cash and cash equivalents:												
Cash in banks	848	0		849	23	211		1,083				1,083
Cash held by Cook Co Treas	725,183		37,722	762,905	96,405	136,244		995,554	134,681		(1,118,569)	11,666
Due from working cash fund	60,540	34,607		95,147				95,147				95,147
Total cash & cash equivalent	786,571	34,608	37,722	858,901	96,428	136,455		1,091,784	134,681		(1,118,569)	107,896
Property taxes receivable:												
Tax levy - current year	890	838		1,729	88	125	236	2,178	129	937		3,244
Tax levy - prior year	29,382	34,626		64,008	3,912	5,243	2,969	76,132	8,452			84,584
Total property taxes rec	30,272	35,464		65,737	4,001	5,368	3,204	78,310	8,581	937		87,828
Receivables:												
Patient AR-net of allowances	66,695			66,695	(0)	1,918		68,613				68,613
Third-party settlements	3,019			3,019				3,019				3,019
Other receivables	895	15	0	910	0	543	9	1,461		0		1,462
Due from State	1,769	1,949	40,543	44,261	524	853	169	45,808	717	1,468		47,992
Total receivables	72,378	1,963	40,544	114,884	524	3,314	178	118,900	717	1,468		121,085
Inventories	2,471			2,471	219	436		3,125		575		3,701
<b>TOTAL CURRENT ASSETS</b>	<b>891,692</b>	<b>72,035</b>	<b>78,266</b>	<b>1,041,993</b>	<b>101,172</b>	<b>145,573</b>	<b>3,382</b>	<b>1,292,120</b>	<b>143,978</b>	<b>2,980</b>	<b>(1,118,569)</b>	<b>320,510</b>
<b>CAPITAL ASSETS:</b>												
Depreciable assets - net	351,247	5,622		356,869	23,026	23,666	15,032	418,593	20	628		419,241
<b>TOTAL ASSETS</b>	<b>1,242,939</b>	<b>77,657</b>	<b>78,266</b>	<b>1,398,861</b>	<b>124,198</b>	<b>169,240</b>	<b>18,414</b>	<b>1,710,713</b>	<b>143,998</b>	<b>3,608</b>	<b>(1,118,569)</b>	<b>739,751</b>

**Cook County Health Facilities**  
**Combining Balance Sheet of General Funds (Unaudited)**  
**(In Thousands)**  
**December 31, 2013**

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
<b>LIABILITIES &amp; NET POSITION</b>												
<b>CURRENT LIABILITIES:</b>												
Due to Cook County Treasurer		83,042		83,042			936,865	1,019,906		98,662	(1,118,569)	
Accounts payable	13,814	492	31,893	46,198	561	917	14,848	62,523	360	153		63,037
Compensated absences	4,187	488	64	4,740	56	469	584	5,848	160	404		6,412
Deferred revenue	73,949			73,949		2,612		76,562				76,562
Third-party settlements						127		127				127
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	338			338	19			356				356
Interacct (payable)receivabl	149,524	47,711	(30,051)	167,183	5,811	42,221	(223,521)	(8,306)	2	8,305		
<b>TOTAL CURRENT LIABILITIES</b>	<b>241,833</b>	<b>131,732</b>	<b>1,906</b>	<b>375,471</b>	<b>6,456</b>	<b>46,352</b>	<b>728,775</b>	<b>1,157,054</b>	<b>529</b>	<b>107,524</b>	<b>(1,118,569)</b>	<b>146,538</b>
<b>LONG-TERM LIABILITIES:</b>												
Compensated absences longterm	23,727	2,767	365	26,859	316	2,658	3,308	33,141	906	2,287		36,334
Reserve-tax objection suits	3,979	4,690		8,669	741	709	401	10,520	1,144			11,665
<b>TOTAL LIABILITIES</b>	<b>269,539</b>	<b>139,189</b>	<b>2,270</b>	<b>410,999</b>	<b>7,512</b>	<b>49,720</b>	<b>732,484</b>	<b>1,200,715</b>	<b>2,579</b>	<b>109,812</b>	<b>(1,118,569)</b>	<b>194,537</b>
<b>NET POSITION:</b>												
Investment in capital assets	351,247	5,622		356,869	23,026	23,666	15,032	418,593	20	628		419,241
Beginning balance	617,108	(74,961)	74,700	616,846	94,096	97,016	(714,439)	93,519	141,816	(104,236)		131,100
Bond depreciation	1,841	66		1,907	195	153	521	2,777	18	20		2,815
Excess revenue (expenses)	3,203	7,741	1,296	12,240	(631)	(1,315)	(15,184)	(4,890)	(435)	(2,615)		(7,941)
<b>Ending balance</b>	<b>973,400</b>	<b>(61,532)</b>	<b>75,996</b>	<b>987,863</b>	<b>116,685</b>	<b>119,520</b>	<b>(714,070)</b>	<b>509,998</b>	<b>141,419</b>	<b>(106,203)</b>		<b>545,214</b>
<b>TOTAL LIABILITIES &amp; NET POSITION</b>	<b>1,242,939</b>	<b>77,657</b>	<b>78,266</b>	<b>1,398,861</b>	<b>124,198</b>	<b>169,240</b>	<b>18,414</b>	<b>1,710,713</b>	<b>143,998</b>	<b>3,608</b>	<b>(1,118,569)</b>	<b>739,751</b>

**Cook County Health Facilities**  
**Combining Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**December 31, 2013**

	Stroger Hospital	ACHN (Clinics)	Medicaid Expansion	Stroger, ACHN & Medicaid Exp	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	39,086	11,901	21,383	72,370	(0)	1,990		74,360			74,360
Grant revenue									309		309
Other revenue	438	45		483	20	8		511		0	511
Total Revenue:	39,525	11,946	21,383	72,853	20	1,998		74,871	309	0	75,180
OPERATING EXPENSES:											
Salaries and wages	24,730	2,992	771	28,494	529	2,733	3,743	35,499	821	3,222	39,541
Employee benefits	6,890	913	127	7,931	139	703	1,011	9,785	326	912	11,022
Supplies	1,560	1,677	5	3,242	76	78	3,968	7,364	1	9	7,374
Purchased svs, rental & other	4,447	316	19,234	23,998	15	248	6,319	30,580	96	72	30,748
Insurance expense	1,297	167	19	1,483	26	127	197	1,834	45	179	2,058
Depreciation	1,841	66		1,907	195	153	521	2,777	18	20	2,815
Utilities							129	129	3	1	132
TOTAL OPERATING EXPENSES	40,765	6,133	20,156	67,054	980	4,043	15,889	87,966	1,310	4,414	93,690
GAIN (LOSS) FROM OPERATIONS	(1,241)	5,813	1,227	5,799	(960)	(2,044)	(15,889)	(13,094)	(1,001)	(4,414)	(18,509)
NONOPERATING REVENUE:											
Property taxes	914	866		1,779	93	129	238	2,240	135	937	3,312
Sales taxes	598	659		1,258	177	289	57	1,781	242	497	2,520
Retirement plan contribution	2,932	403	69	3,404	59	311	410	4,183	188	365	4,737
TOTAL NONOPERATING REVENUE	4,444	1,928	69	6,441	329	729	705	8,204	566	1,799	10,569
NET INCOME (LOSS)	3,203	7,741	1,296	12,240	(631)	(1,315)	(15,184)	(4,890)	(435)	(2,615)	(7,941)

**Cook County Health Facilities**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Net patient service revenue	74,360		74,360
Grant revenue	309		309
Other revenue	511		511
Total Revenue	<u>75,180</u>		<u>75,180</u>
OPERATING EXPENSES:			
Salaries and wages	39,541		39,541
Employee benefits	11,022		11,022
Supplies	7,374		7,374
Purchased svcs, rental & other	30,748		30,748
Insurance expense	2,058		2,058
Depreciation	2,815		2,815
Utilities	132		132
TOTAL OPERATING EXPENSES	<u>93,690</u>		<u>93,690</u>
GAIN (LOSS) FROM OPERATIONS	<u>(18,509)</u>		<u>(18,509)</u>
NONOPERATING REVENUE:			
Property taxes	3,312		3,312
Sales taxes	2,520		2,520
Retirement plan contribution	4,737		4,737
TOTAL NONOPERATING REVENUE	<u>10,569</u>		<u>10,569</u>
NET INCOME (LOSS)	<u><u>(7,941)</u></u>		<u><u>(7,941)</u></u>

**Stroger Hospital**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Net patient service revenue	39,086		39,086
Other revenue	438		438
Total Revenue	<u>39,525</u>		<u>39,525</u>
OPERATING EXPENSES:			
Salaries and wages	24,730		24,730
Employee benefits	6,890		6,890
Supplies	1,560		1,560
Purchased svcs, rental & other	4,447		4,447
Insurance expense	1,297		1,297
Depreciation	1,841		1,841
TOTAL OPERATING EXPENSES	<u>40,765</u>		<u>40,765</u>
GAIN (LOSS) FROM OPERATIONS	<u>(1,241)</u>		<u>(1,241)</u>
NONOPERATING REVENUE:			
Property taxes	914		914
Sales taxes	598		598
Retirement plan contribution	2,932		2,932
TOTAL NONOPERATING REVENUE	<u>4,444</u>		<u>4,444</u>
NET INCOME (LOSS)	<u><u>3,203</u></u>		<u><u>3,203</u></u>



**ACHN (Clinics)**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Net patient service revenue	11,901		11,901
Other revenue	45		45
Total Revenue	<u>11,946</u>		<u>11,946</u>
OPERATING EXPENSES:			
Salaries and wages	2,992		2,992
Employee benefits	913		913
Supplies	1,677		1,677
Purchased svcs, rental & other	316		316
Insurance expense	167		167
Depreciation	66		66
TOTAL OPERATING EXPENSES	<u>6,133</u>		<u>6,133</u>
GAIN (LOSS) FROM OPERATIONS	<u>5,813</u>		<u>5,813</u>
NONOPERATING REVENUE:			
Property taxes	866		866
Sales taxes	659		659
Retirement plan contribution	403		403
TOTAL NONOPERATING REVENUE	<u>1,928</u>		<u>1,928</u>
NET INCOME (LOSS)	<u><u>7,741</u></u>		<u><u>7,741</u></u>

**Medicaid Expansion**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Net patient service revenue	21,383		21,383
Total Revenue	21,383		21,383
OPERATING EXPENSES:			
Salaries and wages	771		771
Employee benefits	127		127
Supplies	5		5
Purchased svcs, rental & other	19,234		19,234
Insurance expense	19		19
TOTAL OPERATING EXPENSES	20,156		20,156
GAIN (LOSS) FROM OPERATIONS	1,227		1,227
NONOPERATING REVENUE:			
Retirement plan contribution	69		69
TOTAL NONOPERATING REVENUE	69		69
NET INCOME (LOSS)	1,296		1,296

**Oak Forest Health Center**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Other revenue	20		20
Total Revenue	20		20
OPERATING EXPENSES:			
Salaries and wages	529		529
Employee benefits	139		139
Supplies	76		76
Purchased svcs, rental & other	15		15
Insurance expense	26		26
Depreciation	195		195
TOTAL OPERATING EXPENSES	980		980
GAIN (LOSS) FROM OPERATIONS	(960)		(960)
NONOPERATING REVENUE:			
Property taxes	93		93
Sales taxes	177		177
Retirement plan contribution	59		59
TOTAL NONOPERATING REVENUE	329		329
NET INCOME (LOSS)	(631)		(631)

**Provident Hospital**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Net patient service revenue	1,990		1,990
Other revenue	8		8
Total Revenue	<u>1,998</u>		<u>1,998</u>
OPERATING EXPENSES:			
Salaries and wages	2,733		2,733
Employee benefits	703		703
Supplies	78		78
Purchased svcs, rental & other	248		248
Insurance expense	127		127
Depreciation	153		153
TOTAL OPERATING EXPENSES	<u>4,043</u>		<u>4,043</u>
GAIN (LOSS) FROM OPERATIONS	<u>(2,044)</u>		<u>(2,044)</u>
NONOPERATING REVENUE:			
Property taxes	129		129
Sales taxes	289		289
Retirement plan contribution	311		311
TOTAL NONOPERATING REVENUE	<u>729</u>		<u>729</u>
NET INCOME (LOSS)	<u><u>(1,315)</u></u>		<u><u>(1,315)</u></u>

**Bureau of Health**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Other revenue			
Total Revenue			
OPERATING EXPENSES:			
Salaries and wages	3,743		3,743
Employee benefits	1,011		1,011
Supplies	3,968		3,968
Purchased svs, rental & other	6,319		6,319
Insurance expense	197		197
Depreciation	521		521
Utilities	129		129
TOTAL OPERATING EXPENSES	15,889		15,889
GAIN (LOSS) FROM OPERATIONS	(15,889)		(15,889)
NONOPERATING REVENUE:			
Property taxes	238		238
Sales taxes	57		57
Retirement plan contribution	410		410
TOTAL NONOPERATING REVENUE	705		705
NET INCOME (LOSS)	(15,184)		(15,184)

**Dept of Public Health**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Grant revenue	309		309
Total Revenue	<u>309</u>		<u>309</u>
OPERATING EXPENSES:			
Salaries and wages	821		821
Employee benefits	326		326
Supplies	1		1
Purchased svcs, rental & other	96		96
Insurance expense	45		45
Depreciation	18		18
Utilities	3		3
TOTAL OPERATING EXPENSES	<u>1,310</u>		<u>1,310</u>
GAIN (LOSS) FROM OPERATIONS	<u>(1,001)</u>		<u>(1,001)</u>
NONOPERATING REVENUE:			
Property taxes	135		135
Sales taxes	242		242
Retirement plan contribution	188		188
TOTAL NONOPERATING REVENUE	<u>566</u>		<u>566</u>
NET INCOME (LOSS)	<u>(435)</u>		<u>(435)</u>

**Cermak**  
**Comparative Income Statement of General Funds (Unaudited)**  
**(In Thousands)**  
**Year to Date December 31, 2013**

	<u>December 21, 2013</u>	<u>Inc (Dec)</u>	<u>December 21, 2013</u>
REVENUE:			
Other revenue	0		0
Total Revenue	0		0
OPERATING EXPENSES:			
Salaries and wages	3,222		3,222
Employee benefits	912		912
Supplies	9		9
Purchased svs, rental & other	72		72
Insurance expense	179		179
Depreciation	20		20
Utilities	1		1
TOTAL OPERATING EXPENSES	4,414		4,414
GAIN (LOSS) FROM OPERATIONS	(4,414)		(4,414)
NONOPERATING REVENUE:			
Property taxes	937		937
Sales taxes	497		497
Retirement plan contribution	365		365
TOTAL NONOPERATING REVENUE	1,799		1,799
NET INCOME (LOSS)	(2,615)		(2,615)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
**FINANCIAL STATEMENT DISCLOSURE CHECKLIST**

Fiscal Year 2013

**OBJECTIVE:**

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

**DISCLOSURE PRINCIPLES:**

**Note:** Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
<b>FINANCIAL STATEMENT REFERENCES:</b>		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
<b>GENERAL DISCLOSURES:</b>		
<b><u>A. Estimates:</u></b>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<b><u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u></b>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<b><u>C. Related parties (FASB 57):</u></b>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<b><u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u></b>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

**COMMENTS:**

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Completed by \_\_\_\_\_  
 Reviewed by \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_



**Cook County Health and Hospitals System**

**Financial Operations and Statistical Reports**  
**(Non GAAP)**

**For the Month Ended December 31, 2013**

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## \*\*\*Final Cash Report\*\*\*

For the Month December-2013				Cumulative Cash Summary Through December-2013			
	Actual	Budget	Variance		Actual	Budget	Variance
<b>SHCC</b>				<b>SHCC</b>			
Medicare	\$ 6,619,917	\$ 5,031,497	\$ 1,588,420	Medicare	\$ 6,619,917	\$ 5,031,497	\$ 1,588,420
Medicaid	18,850,994	9,315,510	9,535,484	Medicaid	18,850,994	9,315,510	9,535,484
Other	2,245,579	1,838,317	407,262	Other	2,245,579	1,838,317	407,262
Physician Billing	705,204	948,933	(243,729)	Physician Billing	705,204	948,933	(243,729)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(33,862)	-	(33,862)	Collection Agency	(33,862)	-	(33,862)
Revenue Enhancement	(602,638)	-	(602,638)	Revenue Enhancement	(602,638)	-	(602,638)
Physician Billing Refunds	(8,365)	-	(8,365)	Physician Billing Refunds	(8,365)	-	(8,365)
Meaningful Use	-	182,281	(182,281)	Meaningful Use	-	182,281	(182,281)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	33,960,380	18,259,320	15,701,060	Waiver - Capitation	33,960,380	18,259,320	15,701,060
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	11,890	47,562	(35,672)	Payments & Revenues	11,890	47,562	(35,672)
<b>Totals</b>	<b>\$ 61,749,099</b>	<b>\$ 35,623,420</b>	<b>\$ 26,125,679</b>	<b>Totals</b>	<b>\$ 61,749,099</b>	<b>\$ 35,623,420</b>	<b>\$ 26,125,679</b>

	Actual	Budget	Variance		Actual	Budget	Variance
<b>PHCC</b>				<b>PHCC</b>			
Medicare	\$ 192,920	\$ 338,297	\$ (145,377)	Medicare	\$ 192,920	\$ 338,297	\$ (145,377)
Medicaid	1,438,167	626,336	811,831	Medicaid	1,438,167	626,336	811,831
Other	122,416	123,601	(1,185)	Other	122,416	123,601	(1,185)
Physician Billing	58,476	43,177	15,299	Physician Billing	58,476	43,177	15,299
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	(3,259)	-	(3,259)	Pharmacy Billing	(3,259)	-	(3,259)
Collection Agency	-	-	-	Collection Agency	-	-	-
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	26,040	(26,040)	Meaningful Use	-	26,040	(26,040)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	-	-	-	Waiver - Capitation	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-
<b>Totals</b>	<b>\$ 1,808,720</b>	<b>\$ 1,157,451</b>	<b>\$ 651,269</b>	<b>Totals</b>	<b>\$ 1,808,720</b>	<b>\$ 1,157,451</b>	<b>\$ 651,269</b>

	Actual	Budget	Variance		Actual	Budget	Variance
<b>OFHC</b>				<b>OFHC</b>			
Medicare	\$ 12,694	\$ -	\$ 12,694	Medicare	\$ 12,694	\$ -	\$ 12,694
Medicaid	4,806,501	-	4,806,501	Medicaid	4,806,501	-	4,806,501
Other	19,462	-	19,462	Other	19,462	-	19,462
Physician Billing	37,579	12,050	25,529	Physician Billing	37,579	12,050	25,529
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	-	-	-	Collection Agency	-	-	-
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-	Meaningful Use	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	-	-	-	Waiver - Capitation	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-
<b>Totals</b>	<b>\$ 4,876,236</b>	<b>\$ 12,050</b>	<b>\$ 4,864,186</b>	<b>Totals</b>	<b>\$ 4,876,236</b>	<b>\$ 12,050</b>	<b>\$ 4,864,186</b>

	Actual	Budget	Variance		Actual	Budget	Variance
<b>SYSTEM</b>				<b>SYSTEM</b>			
Medicare	\$ 6,825,531	\$ 5,369,794	\$ 1,455,737	Medicare	\$ 6,825,531	\$ 5,369,794	\$ 1,455,737
Medicaid	25,095,662	9,941,846	15,153,816	Medicaid	25,095,662	9,941,846	15,153,816
Other	2,387,457	1,961,918	425,539	Other	2,387,457	1,961,918	425,539
Physician Billing	801,259	1,004,160	(202,901)	Physician Billing	801,259	1,004,160	(202,901)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	-	-	-
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	(3,259)	-	(3,259)	Pharmacy Billing	(3,259)	-	(3,259)
Collection Agency	(33,862)	-	(33,862)	Collection Agency	(33,862)	-	(33,862)
Revenue Enhancement	(602,638)	-	(602,638)	Revenue Enhancement	(602,638)	-	(602,638)
Physician Billing Refunds	(8,365)	-	(8,365)	Physician Billing Refunds	(8,365)	-	(8,365)
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	11,890	47,562	(35,672)	Payments & Revenues	11,890	47,562	(35,672)
Meaningful Use	-	208,321	(208,321)	Meaningful Use	-	208,321	(208,321)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	33,960,380	18,259,320	15,701,060	Waiver - Capitation	33,960,380	18,259,320	15,701,060
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
DSH	13,528,186	12,125,000	1,403,186	DSH	13,528,186	12,125,000	1,403,186
Retro-Active DSH	-	-	-	Retro-Active DSH	-	-	-
BIPA	-	-	-	BIPA	-	-	-
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
<b>Totals</b>	<b>\$ 81,962,241</b>	<b>\$ 48,917,921</b>	<b>\$ 33,044,320</b>	<b>Totals</b>	<b>\$ 81,962,241</b>	<b>\$ 48,917,921</b>	<b>\$ 33,044,320</b>

The OFHC FFS budget has been combined with the SHCC FFS budget due to the configuration of CCHHS system that treats OFHC as a SHCC clinic.

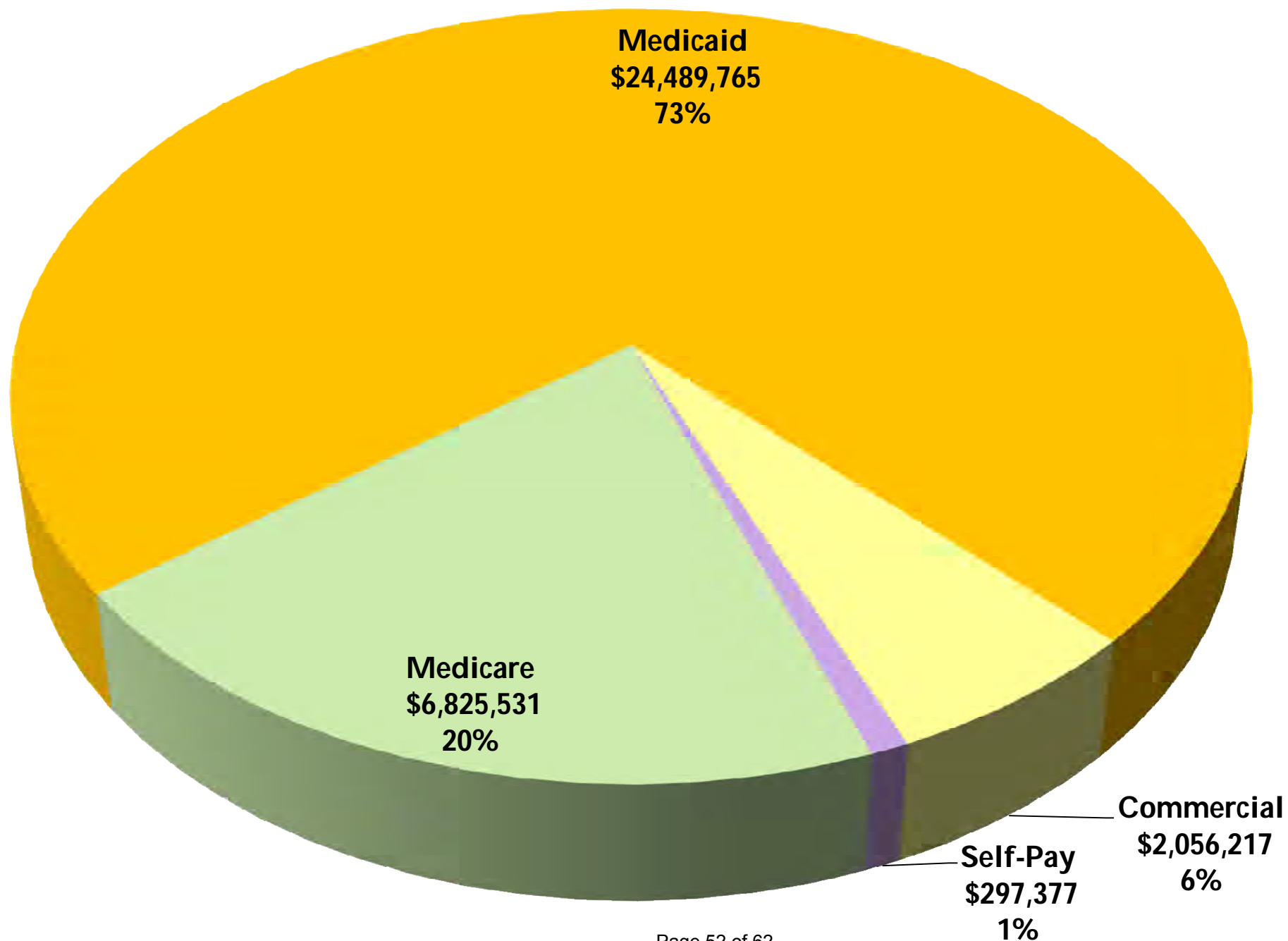
The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 11/20/13 - 12/11/2013.

Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help clear the Medicaid backlog.

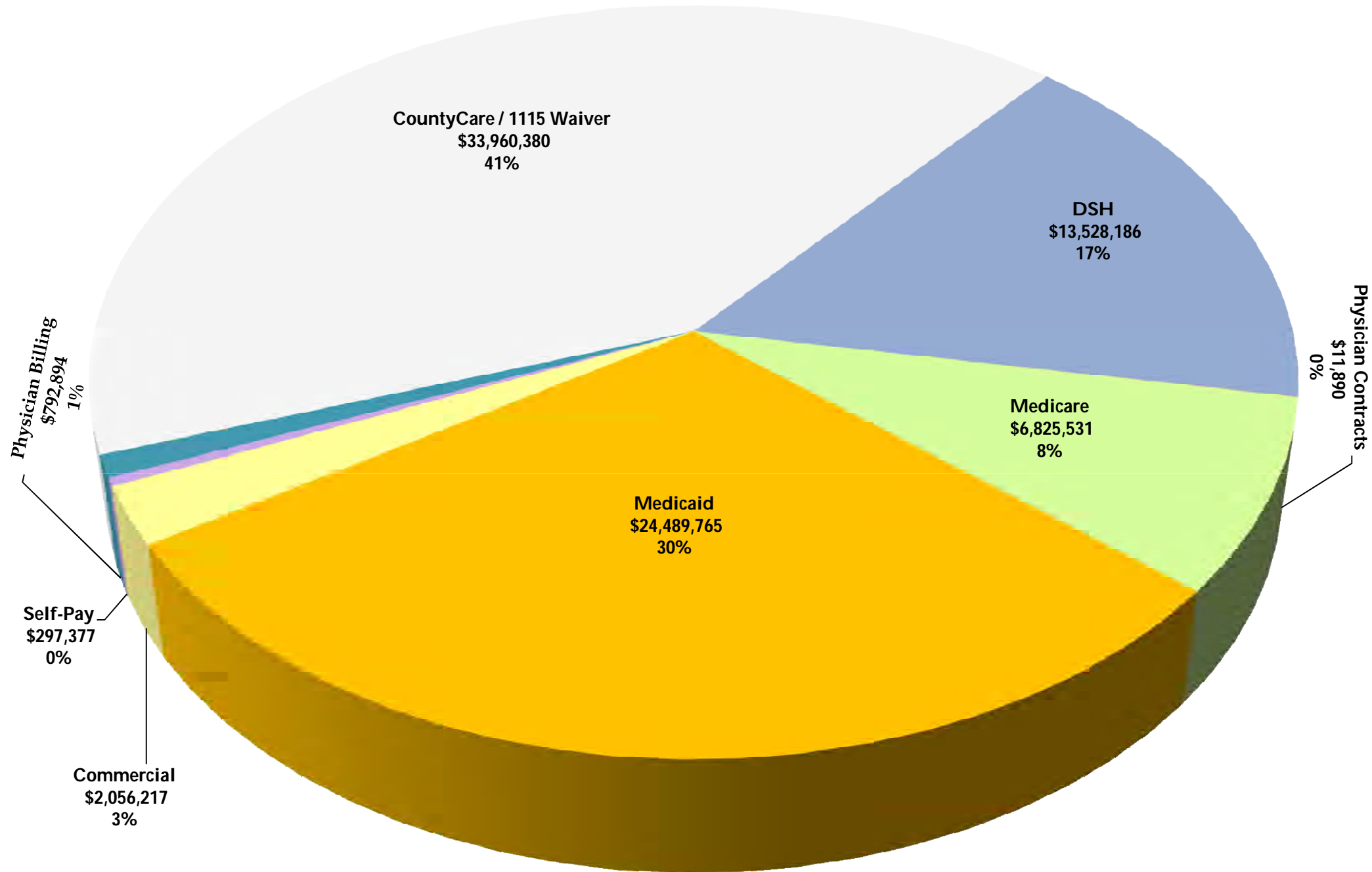
The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions.

Revenue Enhancement includes the fee CCHHS pays the state for the additional workers that process CountyCare and MANG applications.

# CCHHS Cumulative Net Patient Fee Cash Receipts Through December-2013



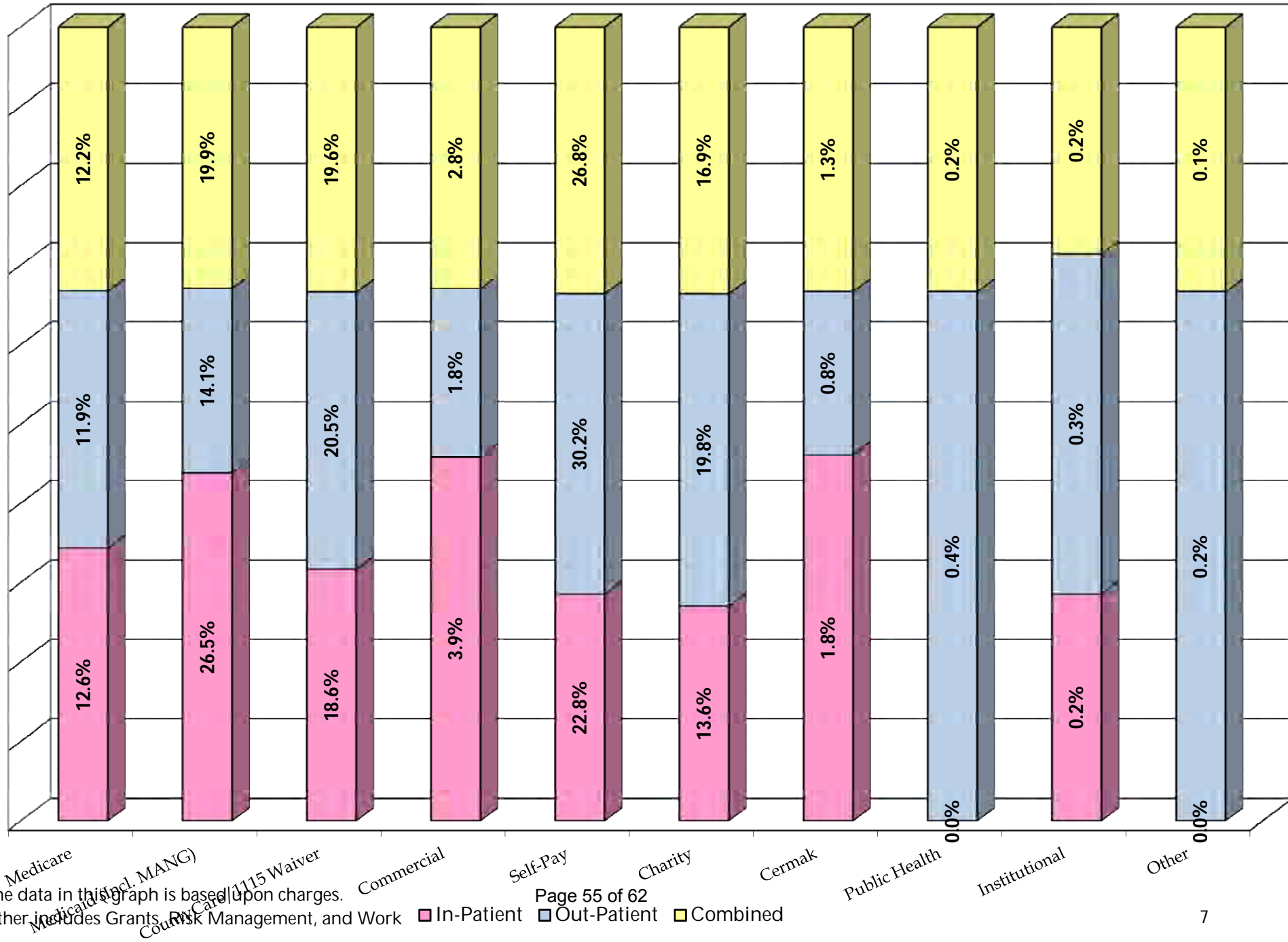
# CCHHS Cumulative Total Net Cash Receipts Through December-2013



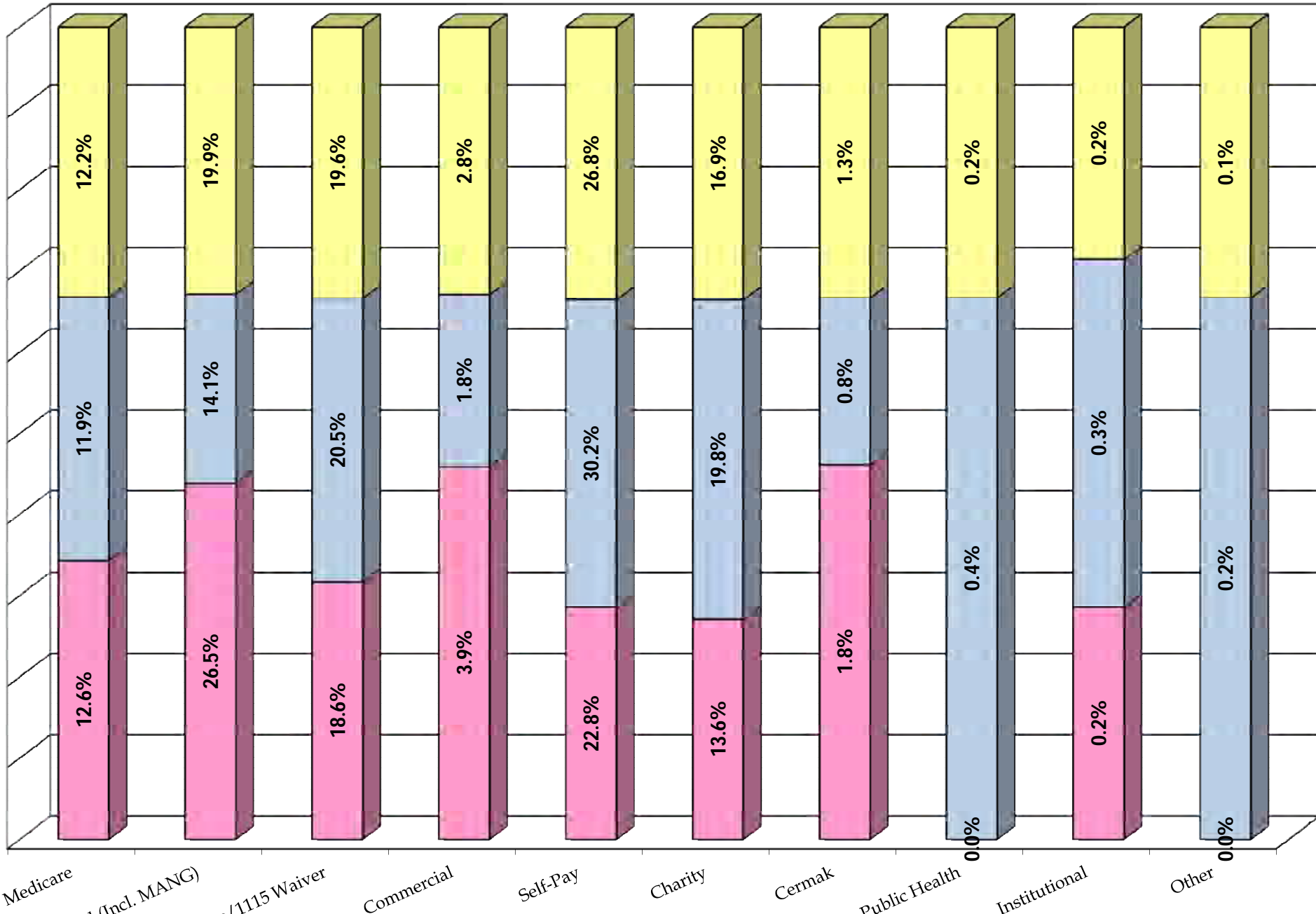
**Cook County Health Facilities  
System Expenses per Adjusted Patient Days  
Budget and Actual (Non-GAAP Budget Basis)  
As of December 31, 2013**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 5,166	\$ 4,968	-3.98%
Provident	\$ 3,477	\$ 3,763	7.61%

**CCHHS IP, OP, And Combined Payer Mix For Dec-2013 (Based Upon Charges)**  
**Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid**



**Cumulative CCHHS IP, OP, And Combined Payer Mix Through Dec-2013 (Based Upon Charges)  
Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



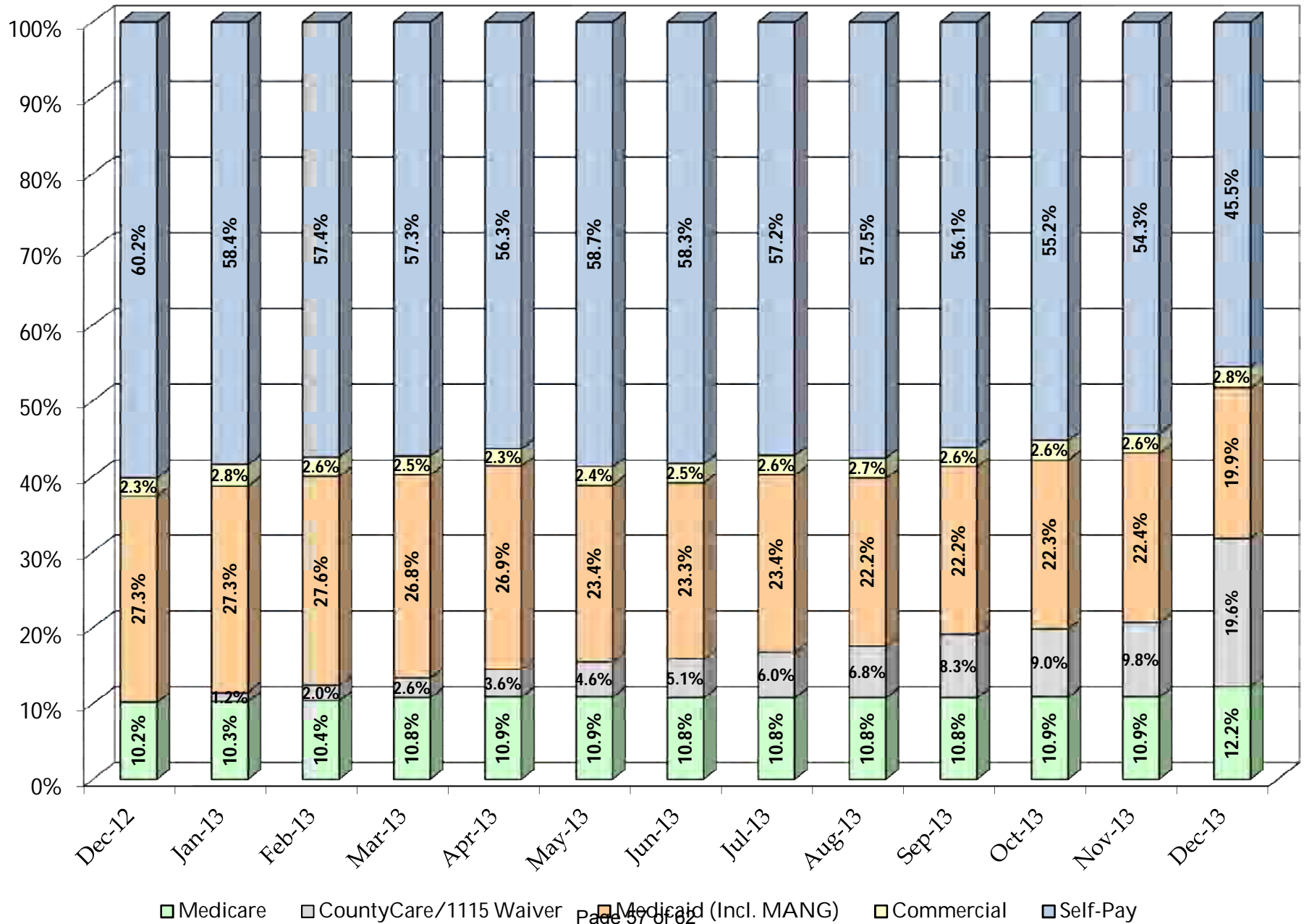
- The data in this graph is based upon charges.

- Other Includes Grants, Risk Management, and Workman's Compensation.

■ In-Patient ■ Out-Patient ■ Combined



**IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)**  
**Cook County Health And Hospitals System**  
**Prior 13 Months Ending Dec-2013**  
**Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



**CCHHS Utilization Factors**  
**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid**  
**December-2013**

**Admissions**

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	230	237	(7)	26	17	9	256	254	2
Medicaid	329	580	(251)	11	18	(7)	340	598	(258)
Medicaid-Pending	85	-	85	2	-	2	87	-	87
CountyCare/1115 Waiver	195	209	(14)	25	37	(12)	220	246	(26)
Commercial	42	40	2	4	2	2	46	42	4
Self-Pay	673	937	(264)	43	68	(25)	716	1,005	(289)
Charity	174	-	174	3	-	3	177	-	177
Cermak	23	-	23	-	-	-	23	-	23
Grants	1	-	1	-	-	-	1	-	1
Institutional	1	-	1	-	-	-	1	-	1
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	1	-	1	-	-	-	1	-	1
<b>Total Admissions</b>	<b>1,754</b>	<b>2,003</b>	<b>(249)</b>	<b>114</b>	<b>142</b>	<b>(28)</b>	<b>1,868</b>	<b>2,145</b>	<b>(277)</b>

**Patient Days**

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,060	960	100	101	88	13	1,161	1,048	113
Medicaid	1,571	2,900	(1,329)	35	56	(21)	1,606	2,956	(1,350)
Medicaid-Pending	537	-	537	7	-	7	544	-	544
CountyCare/1115 Waiver	868	878	(10)	128	193	(65)	996	1,071	(75)
Commercial	234	170	64	18	3	15	252	173	79
Self-Pay	3,125	3,995	(870)	159	262	(103)	3,284	4,257	(973)
Charity	696	-	696	14	-	14	710	-	710
Cermak	122	-	122	-	-	-	122	-	122
Grants	1	-	1	-	-	-	1	-	1
Institutional	4	-	4	-	-	-	4	-	4
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	2	-	2	-	-	-	2	-	2
<b>Total Patient Days</b>	<b>8,220</b>	<b>8,903</b>	<b>(683)</b>	<b>462</b>	<b>602</b>	<b>(140)</b>	<b>8,682</b>	<b>9,505</b>	<b>(823)</b>

**Adjusted Patient Days**

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,184	1,860	324	389	271	118	2,573	2,131	442
Medicaid	3,238	5,617	(2,379)	136	172	(36)	3,374	5,789	(2,415)
Medicaid-Pending	1,107	-	1,107	27	-	27	1,134	-	1,134
CountyCare/1115 Waiver	1,789	1,701	88	493	595	(102)	2,282	2,296	(14)
Commercial	482	329	153	69	9	60	551	338	213
Self-Pay	6,439	7,740	(1,301)	613	804	(191)	7,052	8,544	(1,492)
Charity	1,434	-	1,434	54	-	54	1,488	-	1,488
Cermak	251	-	251	-	-	-	251	-	251
Grants	2	-	2	-	-	-	2	-	2
Institutional	8	-	8	-	-	-	8	-	8
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	4	-	4	-	-	-	4	-	4
<b>Total Adjusted Patient Days</b>	<b>16,938</b>	<b>17,247</b>	<b>(309)</b>	<b>1,781</b>	<b>1,851</b>	<b>(70)</b>	<b>18,719</b>	<b>19,098</b>	<b>(379)</b>

**Average Length of Stay**

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.4	4.7	(0.3)	3.9	4.0	(0.1)
Medicaid	4.5	4.7	(0.2)	3.3	4.0	(0.7)
Medicaid-Pending	6.6	4.7	1.9	3.9	4.0	(0.1)
CountyCare/1115 Waiver	4.5	4.7	(0.2)	6.1	4.0	2.1
Commercial	5.5	4.7	0.8	3.0	4.0	(1.0)
Self-Pay	5.3	4.7	0.6	3.5	4.0	(0.5)
Charity	3.7	4.7	(1.0)	3.0	4.0	(1.0)
Grants	1.0	4.7	(3.7)	-	-	-
Cermak	4.6	4.7	(0.1)	-	-	-
Institutional	4.0	4.7	(0.7)	-	-	-
Public Health	-	-	-	-	-	-
Workmens' Compensation	2.0	4.7	(2.7)	-	-	-
<b>Overall Average LOS</b>	<b>4.8</b>	<b>4.7</b>	<b>0.1</b>	<b>4.2</b>	<b>4.0</b>	<b>0.2</b>

**CCHHS Utilization Factors**  
**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid**  
**Cumulative For Fiscal Year 2013 Through December-2013**

**Admissions**

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	230	237	(7)	26	17	9	256	254	2
Medicaid	329	580	(251)	11	18	(7)	340	598	(258)
Medicaid-Pending	85	-	85	2	-	2	87	-	87
CountyCare/1115 Waiver	195	209	(14)	25	37	(12)	220	246	(26)
Commercial	42	40	2	4	2	2	46	42	4
Self-Pay	673	937	(264)	43	68	(25)	716	1,005	(289)
Charity	174	-	174	3	-	3	177	-	177
Cermak	23	-	23	-	-	-	23	-	23
Grants	1	-	1	-	-	-	1	-	1
Institutional	1	-	1	-	-	-	1	-	1
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	1	-	1	-	-	-	1	-	1
<b>Total Admissions</b>	<b>1,754</b>	<b>2,003</b>	<b>(249)</b>	<b>114</b>	<b>142</b>	<b>(28)</b>	<b>1,868</b>	<b>2,145</b>	<b>(277)</b>

**Patient Days**

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,060	960	100	101	88	13	1,161	1,048	113
Medicaid	1,571	2,900	(1,329)	35	56	(21)	1,606	2,956	(1,350)
Medicaid-Pending	537	-	537	7	-	7	544	-	544
CountyCare/1115 Waiver	868	878	(10)	128	193	(65)	996	1,071	(75)
Commercial	234	170	64	18	3	15	252	173	79
Self-Pay	3,125	3,995	(870)	159	262	(103)	3,284	4,257	(973)
Charity	696	-	696	14	-	14	710	-	710
Cermak	122	-	122	-	-	-	122	-	122
Grants	1	-	1	-	-	-	1	-	1
Institutional	4	-	4	-	-	-	4	-	4
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	2	-	2	-	-	-	2	-	2
<b>Total Patient Days</b>	<b>8,220</b>	<b>8,903</b>	<b>(683)</b>	<b>462</b>	<b>602</b>	<b>(140)</b>	<b>8,682</b>	<b>9,505</b>	<b>(823)</b>

**Adjusted Patient Days**

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,184	1,860	324	389	271	118	2,573	2,131	442
Medicaid	3,238	5,617	(2,379)	136	172	(36)	3,374	5,789	(2,415)
Medicaid-Pending	1,107	-	1,107	27	-	27	1,134	-	1,134
CountyCare/1115 Waiver	1,789	1,701	88	493	595	(102)	2,282	2,296	(14)
Commercial	482	329	153	69	9	60	551	338	213
Self-Pay	6,439	7,740	(1,301)	613	804	(191)	7,052	8,544	(1,492)
Charity	1,434	-	1,434	54	-	54	1,488	-	1,488
Cermak	251	-	251	-	-	-	251	-	251
Grants	2	-	2	-	-	-	2	-	2
Institutional	8	-	8	-	-	-	8	-	8
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	4	-	4	-	-	-	4	-	4
<b>Total Adjusted Patient Days</b>	<b>16,938</b>	<b>17,247</b>	<b>(309)</b>	<b>1,781</b>	<b>1,851</b>	<b>(70)</b>	<b>18,719</b>	<b>19,098</b>	<b>(379)</b>

**CCHHS Utilization Factors**

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid  
Emergency Room And Immediate Care Visits For December-2013**

**Stroger Hospital**

Payer Type	ER Patients	Admissions From ER	Total Visits		Total Visits & Elopes
	Treated And Released		Before Elopes	ER Elopes	
Medicare	483	188	671	47	718
Medicaid	1,170	200	1,370	97	1,467
Medicaid-Pending	82	63	145	8	153
CountyCare/1115 Waiver	1,027	140	1,167	73	1,240
Commercial	207	30	237	5	242
Self-Pay	4,499	510	5,009	486	5,495
Charity	670	108	778	37	815
Cermak	63	22	85	4	89
Grants & Research	-	1	1	1	2
Public Health	9	-	9	3	12
Institutional	10	1	11	1	12
Workmens' Compensation	8	1	9	-	9
<b>Totals</b>	<b>8,228</b>	<b>1,264</b>	<b>9,492</b>	<b>762</b>	<b>10,254</b>
		Budget	10,432		
		Variance	<b>(940)</b>		

**Provident Hospital**

Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	152	24	176	12	188
Medicaid	387	10	397	28	425
Medicaid-Pending	7	1	8	1	9
CountyCare/1115 Waiver	372	24	396	19	415
Commercial	70	4	74	5	79
Self-Pay	1,346	40	1,386	76	1,462
Charity	120	3	123	9	132
Cermak	1	-	1	-	1
Grants & Research	1	-	1	-	1
Public Health	5	-	5	1	6
Institutional	2	-	2	4	6
Workmens' Compensation	-	-	-	-	-
Totals	2,463	106	2,569	155	2,724
		Budget	2,690		
		Variance	(121)		

**Oak Forest Health Center**

Payer Type	Immediate Care Visits
Medicare	62
Medicaid	84
Medicaid-Pending	-
CountyCare/1115 Waiver	212
Commercial	19
Self-Pay	737
Charity	135
Cermak	-
Grants & Research	-
Public Health	-
Institutional	1
Workmens' Compensation	-
<b>Totals</b>	<b>1,250</b>
	Budget 1,336
	Variance <b>(86)</b>

**ER and Immediate Care Total**

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes		ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	635	212	62	909	59	968	
Medicaid	1,557	210	84	1,851	125	1,976	
Medicaid-Pending	89	64	-	153	9	162	
CountyCare/1115 Waiver	1,399	164	212	1,775	92	1,867	
Commercial	277	34	19	330	10	340	
Self-Pay	5,845	550	737	7,132	562	7,694	
Charity	790	111	135	1,036	46	1,082	
Cermak	64	22	-	86	4	90	
Grants & Research	1	1	-	2	1	3	
Public Health	14	-	-	14	4	18	
Institutional	12	1	1	14	5	19	
Workmens' Compensation	8	1	-	9	-	9	
Totals	10,691	1,370	1,250	13,311	917	14,228	
ER and Immediate Care Budget				14,458			
Variance				(1,147)			

**Percent Of Admissions From Emergency Room For Month Of December-2013**

	SHCC	PHCC	CCHHS
ER Admissions	1,264	106	1,370
Total Admissions	1,754	114	1,868
% of ER Admissions	72%	93%	73%

**Emergency Room Elope Percentage For Month Of December-2013**

	SHCC	PHCC	CCHHS
ER Elopes	762	155	917
Total Visits with Elopes	10,254	2,724	12,978
% of ER Elopes	7%	6%	7%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

**CCHHS Utilization Factors**

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid  
Cumulative Emergency Room And Immediate Care Visits Through December-2013**

**Stroger Hospital**

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	483	188	671	47	718
Medicaid	1,170	200	1,370	97	1,467
Medicaid-Pending	82	63	145	8	153
CountyCare/1115 Waiver	1,027	140	1,167	73	1,240
Commercial	207	30	237	5	242
Self-Pay	4,499	510	5,009	486	5,495
Charity	670	108	778	37	815
Cermak	63	22	85	4	89
Grants & Research	-	1	1	1	2
Public Health	9	-	9	3	12
Institutional	10	1	11	1	12
Workmens' Compensation	8	1	9	-	9
<b>Totals</b>	<b>8,228</b>	<b>1,264</b>	<b>9,492</b>	<b>762</b>	<b>10,254</b>
		Budget	10,432		
		Variance	<b>(940)</b>		

**Provident Hospital**

Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	152	24	176	12	188
Medicaid	387	10	397	28	425
Medicaid-Pending	7	1	8	1	9
CountyCare/1115 Waiver	372	24	396	19	415
Commercial	70	4	74	5	79
Self-Pay	1,346	40	1,386	76	1,462
Charity	120	3	123	9	132
Cermak	1	-	1	-	1
Grants & Research	1	-	1	-	1
Public Health	5	-	5	1	6
Institutional	2	-	2	4	6
Workmens' Compensation	-	-	-	-	-
<b>Totals</b>	<b>2,463</b>	<b>106</b>	<b>2,569</b>	<b>155</b>	<b>2,724</b>
		Budget	2,690		
		Variance	<b>(121)</b>		

**Oak Forest Health Center**

Payer Type	Immediate Care Visits
Medicare	62
Medicaid	84
Medicaid-Pending	-
CountyCare/1115 Waiver	212
Commercial	19
Self-Pay	737
Charity	135
Cermak	-
Grants & Research	-
Public Health	-
Institutional	1
Workmens' Compensation	-
<b>Totals</b>	<b>1,250</b>
	Budget 1,336
	Variance <b>(86)</b>

**ER and Immediate Care Total**

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	635	212	62	909	59	968
Medicaid	1,557	210	84	1,851	125	1,976
Medicaid-Pending	89	64	-	153	9	162
CountyCare/1115 Waiver	1,399	164	212	1,775	92	1,867
Commercial	277	34	19	330	10	340
Self-Pay	5,845	550	737	7,132	562	7,694
Charity	790	111	135	1,036	46	1,082
Cermak	64	22	-	86	4	90
Grants & Research	1	1	-	2	1	3
Public Health	14	-	-	14	4	18
Institutional	12	1	1	14	5	19
Workmens' Compensation	8	1	-	9	-	9
<b>Totals</b>	<b>10,691</b>	<b>1,370</b>	<b>1,250</b>	<b>13,311</b>	<b>917</b>	<b>14,228</b>
			ER and Immediate Care Budget	14,458		
			Variance	<b>(1,147)</b>		

**Cumulative Percent Of Admissions From Emergency Room Through December-2013**

	SHCC	PHCC	CCHHS
ER Admissions	1,264	106	1,370
Total Admissions	1,754	114	1,868
% of ER Admissions	72%	93%	73%

**Cumulative Emergency Room Elope Percentage Through December-2013**

	SHCC	PHCC	CCHHS
ER Elopes	762	155	917
Total Visits with Elopes	10,254	2,724	12,978
% of ER Elopes	7%	6%	7%

(This data does not include Immediate Care Visits. It includes ER data only.)

**Notes:**

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

**CCHHS Utilization Factors  
ACHN Clinic Visits - December-2013**

**ACHN Clinic Visits - December-2013**

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	29,946	29,611	335
WEST CLUSTER	4,516	5,384	(868)
SOUTH CLUSTER	5,003	5,573	(570)
SOUTH SUBURBAN CLUSTER	4,978	5,001	(23)
<b>Total ACHN Visits</b>	<b>44,443</b>	<b>45,569</b>	<b>(1,126)</b>

**Cumulative ACHN Clinic Visits Through December-2013**

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	29,946	29,611	335
WEST CLUSTER	4,516	5,384	(868)
SOUTH CLUSTER	5,003	5,573	(570)
SOUTH SUBURBAN CLUSTER	4,978	5,001	(23)
<b>Total ACHN Visits</b>	<b>44,443</b>	<b>45,569</b>	<b>(1,126)</b>

**Cook County Health and Hospitals System**  
**Top Ten DRG's - December-2013**

**John H. Stroger, Jr. Hospital of Cook County**

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	47	105	2.2	0.7395	2.9
2	775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	39	103	2.6	0.5625	2.1
3	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	38	80	2.1	0.9903	1.7
4	603 CELLULITIS W/O MCC	35	84	2.4	0.8402	3.6
5	313 CHEST PAIN	35	66	1.9	0.5992	1.8
6	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	31	175	5.7	1.2494	3.4
7	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	26	68	2.6	0.7693	3.2
8	812 RED BLOOD CELL DISORDERS W/O MCC	25	68	2.7	0.7985	2.6
9	292 HEART FAILURE & SHOCK W CC	24	93	3.9	0.9938	3.7
10	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	21	52	2.5	0.7120	2.8

**Provident Hospital of Cook County**

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	23	65	2.8	0.5992	1.8
2	292 HEART FAILURE & SHOCK W CC	10	47	4.7	0.9938	3.7
3	195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	7	28	4.0	0.6997	2.9
4	293 HEART FAILURE & SHOCK W/O CC/MCC	7	23	3.3	0.6723	2.6
5	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	6	13	2.2	0.9903	1.7
6	603 CELLULITIS W/O MCC	4	13	3.3	0.8402	3.6
7	312 SYNCOPE & COLLAPSE	4	18	4.5	0.7228	2.4
8	305 HYPERTENSION W/O MCC	4	6	1.5	0.6176	2.1
9	194 SIMPLE PNEUMONIA & PLEURISY W CC	3	27	9.0	0.9771	3.8
10	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	3	13	4.3	0.7395	2.9